



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

RECEIVED
JAN 31 1996

LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST

NAME(Last) Slovin	(First) Gary	(Middle) M.	TELEPHONE 547-5600
MAILING ADDRESS (Street) P. O. Box 3196	(City) Honolulu	(State) HI	(Zip Code) 96801
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Goodsill Anderson Quinn & Stifel			TELEPHONE 547-5600
MAILING ADDRESS (Street) Same as above.	(City)	(State)	(Zip Code)

PART II ORGANIZATION

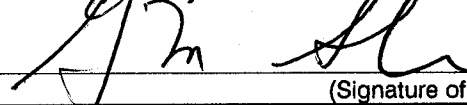
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Altres, Inc.	TELEPHONE 591-4000		
MAILING ADDRESS (Street) 967 Kapiolani Boulevard	(City) Honolulu	(State) HI	(Zip Code) 96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Clark Halloran			TELEPHONE 591-4000
MAILING ADDRESS (Street) Same as above.	(City)	(State)	(Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy, Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

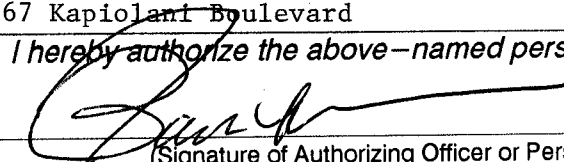
PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

11/30/02
(Date)

PART V AUTHORIZATION TO LOBBY

NAME Barron Guss	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President		
NAME OF ORGANIZATION (if applicable) Altres, Inc.	TELEPHONE 591-4000		
MAILING ADDRESS (Street) 967 Kapiolani Boulevard	(City) Honolulu	(State) HI	(Zip Code) 96813
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
 (Signature of Authorizing Officer or Person Represented)			(Date)